DECLARATI	Attor	ney Docket Number	MS00	S0018Y						
POWER OF AT FOR UTILITY O	First	Named Inventor	.	Benito Munoz, et al.						
PATENT APPL	ļ	COMPLETE IF KNOWN								
(37 CFR 1	Appli	cation Number								
Declaration Submitted	Declaration Submitted after Initia		g Date							
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e)) required)		p Art Unit							
		Exam	niner Name					_)		
As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
GEMINALLY DI-SUBSTITUTED NSAID DERIVATIVES AS ABETA 42 LOWERING AGENTS										
the specification of which		(Title of the Invention)							
bears the Attorney Doc	ket Number and Title	of the In	nvention noted above							
OR is attached hereto										
OR			–					Į.		
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number			ended on (MM/DD/YYY			`	olicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to di										
	as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priorit certificate(s), or 365(a) of an										
America, listed below and ha	ve also identified belo	ow, by cl	necking the box, any for	eign ap	pplication for patent or	invent				
or of any PCT international a	pplication having a fi	ling date	before that of the application	cation	on which priority is cla	aimed.				
Prior Foreign Application Number(s)	9			e	Attorney Docket Nu	Priority (Claimed?			
rvamber(s)	Country		(MM/DD/YYYY)		Attorney Docket Number			NO		
								\dashv		
								\dashv		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Filing Date Application Number(s) (MM/DD/YYYY) Attorney Docket Number										
			003		MS0018PV					
60/439,965			003		MS0026PV					
								İ		

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

designating is not disclose 35 U.S.C. 11	m the benefit under 35 U.S.C the United States of America sed in the prior United States 12, I acknowledge the duty to 5 which became available be application.	, listed below and, ins or PCT international disclose information	ofar as the s application known to n	subject matter of in the manner properties in the manner properties in the matter of t	of each of provided al to pater	f the claims of by the first p ntability as d	of this application paragraph of efined in		
	U.S. Parent Application or PCT Pa	rent		Filing Date DD/YYYY)		Parent Patent Number			
	Application Number		(MIM)	<i>DD/1111)</i>		(if applicable)			
					1				
Addition	al U.S. or PCT international app	olication numbers are list	ed on a suppl	emental priority	data sheet	PTO/SB/02B	attached hereto.		
	eventor, I hereby appoint, respect istered practitioner(s) to prosecut rewith:								
	Customer OR	Number							
		d practitioner(s) name/re	gistration nui	mber listed below	/				
	Name	Registration Number		Nan	ne		Registration Number		
Raynard Yuro		45,570	David I	Rose	•		26,332		
				· · · · · ·					
Direct all co	rrespondence to: X Custon	mer Number 00	0210						
Name	Raynard Yuro ,								
Address	Merck & Co., Inc Patent I	Department							
Address	P.O. Box 2000, RY60-30								
City	Rahway		State	NJ	ZIP	07065-	0907		
Country	USA	Telephone	(732)594-01	2)594-0182 Fax			(732)594-4720		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Family Name or Surname									
Benito			Munoz						
Inventor's Signature	Mund				Date 18-06c-20c3				
Residence: City	San Diego	State CA	Cour	us US		Citizenship			
Post Office Address	Merck & Co., Inc.,	P.O. Box 2000							
City	Rahway	_	State	NJ	ZIP	0706	55-0907		
Additional inventors are being named on the supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.									

DECLARATION AND POWER OF ATTORNEY

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ADDITIONAL INVENTOR(S) Supplemental Sheet

	Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor								
	Given Name (first and middle [if any])					Family Name or Surname							
00	Petpiboon				Pra	Prasit							
	Inventor's Signature									Date	180003		
	Residence: City	Ran	cho Santa Fe	State	CA		Country		US		Citizenship	Canada	
	Post Office Address		Merck & Co., Inc., P.O. Box 2000										
	City		Rahway	S		Stat	ate NJ		ZIP	07065-0907	07065-0907		
	Name of Addition	oint Inventor, if any:	A petition has been filed for this unsigned inventor								d inventor		
	Give	Given Name (first and middle [if			any])					Family Name or Surname			
3 0	Nicholas Simon			·		<u>Sto</u>	<u>ock</u>						
	Inventor's Signature									Date	6-Jan	1-of.	
	Residence: City	San	Diego	State	CA	•	Country US		US	Citizenship British		British	
	Post Office Address		Merck & Co., Inc., P.O.	Box 200	3ox 2000								
	City	City Rahway				State				ZIP	7		
	Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor							d inventor	
	Give	f any]) Family Name or Surname						ne					
	Inventor's Signature								Date				
	Residence: City			State Country					Citizenship				
	Post Office Address												
	City					Stat	te			ZIP			
	Name of Addition	A petition has been filed for this unsigned inventor											
	Give	any]) F					F	Family Name or Surname					
	Inventor's Signature								Date	te			
	Residence: City			State			Country			•	Citizenship		
	Post Office Address											· · · · · · · · · · · · · · · · · · ·	
	City					State				ZIP			

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